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The role and impact of same day emergency care

Submission date
10/11/2024

Recruitment status
Recruiting

Registration date
21/01/2026

Overall study status
Ongoing

Last Edited
05/11/2026

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Our hospitals are getting busier and busier leading to long waits in A&E departments for assessment and for a hospital bed. This leads to difficulties for hospitals and staff in delivering good patient care which can have a serious impact on safety of care and long term health.

Some patients who are admitted to hospital can have safe care and better outcomes if they are treated without staying overnight. This can often lead to better experiences, reduced complications and reduced costs for the NHS. Same Day Emergency Care (SDEC) Services were developed by the NHS to provide safe care for patients without an overnight stay. Same Day Emergency Care services provide rapid assessment, diagnosis and treatment for a wide range of urgent conditions. However, there are a lot of differences in how these services are run across the country. At present we do not know what effect these services are having on patients, hospital admissions or A&E performance. Our study is designed to understand what effect Same Day Emergency Care Services are having on patient care and hospitals nationally.

Who can participate?
Emergency Department (ED) clinical leads, business managers, operations directors, Same Day Emergency Care clinical leads, nurse coordinators and other roles that are identified as being key to understand how Same Day Emergency Care Services operate and their effect on hospital emergency admissions, patients and their carers or family who have been referred to Same Day Emergency Care.

What does the study involve?
There are 3 related work packages:

WP1
1) We will review existing research to understand how Same Day Emergency Care conditions and patients have been picked up before (WP1a)
2) We will survey all major hospitals in England to understand how they deliver Same Day Emergency Care services (WP1b)

WP2
We will analyse NHS data that we hold on A&E attendances, hospital admissions, outpatient attendances and deaths from the whole of England to report which patients are being admitted to hospital, and of these, which are suitable for Same Day Emergency Care. We will describe differences in patterns of admission across time, between different geographical areas, different populations and across seasons.

WP3
1) Using findings from WP1&2 we will invite 9-10 hospitals for in-depth study of their Same Day Emergency Care Services. This will include speaking to staff and patients to understand the benefits and challenges of having Same Day Emergency Care Services (WP3c)
2) We will use the NHS data we hold for further in-depth analysis to describe how each Same Day Emergency Care service is helping to reduce hospital admissions and improve A&E performance (WP3a)
3) Describe the costs of introducing Same Day Emergency Care Services to the NHS (WP2b, 3b)

Bringing together each WP
We will bring together findings from the 3 work packages to describe the current national picture for hospital admissions. We will present a summary of how Same Day Emergency Care services are delivered and how successful they are. Finally, the study will report on the most important success factors for the ongoing delivery of Same Day Emergency Care services.

What are the possible benefits and risks of participating?
The overall benefit of the study will be an improved understanding of what effect Same Day Emergency Care Services are having on patient care and hospitals in England.

Where is the study run from?
University of Sheffield (UK)

When is the study starting and how long is it expected to run for?
September 2024 to April 2027

Who is funding the study?
National Institute for Health and Care Research (UK)

Who is the main contact?
Prof. Richard Jacques, r.jacques@sheffield.ac.uk

Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

Integrated Research Application System (IRAS)
340043

Central Portfolio Management System (CPMS)
60801

National Institute for Health and Care Research (NIHR)
160821

Study information

Scientific Title
Reducing avoidable admissions in acute hospital care: the role and impact of same day emergency care (SDEC) services

Study objectives
This study aims to:
1. Review the evidence relating to different definitions and perspectives on attendances suitable for same day emergency care services.
2. Describe a taxonomy of the current provision of same day emergency care services in England.
3. Understand current acute hospital admission patterns and their variation across England.
4. Measure the impact of introducing same day emergency care services in reducing avoidable emergency admissions, NHS costs, and on staff and patients.
5. Identify features of same day emergency care services that are most successful in reducing avoidable admission rates, and improving emergency department performance, patient and staff experience.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 02/09/2024, University of Sheffield Research Ethics Committee (University of Sheffield, Western Bank, Sheffield, Sheffield, S10 2TN, United Kingdom; +44 114 222 2000; population-health-rec@sheffield.ac.uk), ref: 064492

Primary study design
Observational

Study design
Observational mixed methods study

Study type(s)
Other

Health condition(s) or problem(s) studied
Emergency care

Interventions
The purpose of this study is to understand what effect SDEC Services are having on patient care and hospitals nationally (in England). The researchers will deliver the study in 3 work packages outline below. Following the third work package the researchers will use a triangulation protocol to integrate findings from each work package.

WP1a: The researchers will conduct a rapid evidence review of UK and international literature relating to different definitions and perspectives on attendances suitable for SDEC Services.

WP1b: The researchers will undertake a survey of all 152 acute NHS Trusts with Type 1 EDs in England to collect data on existing SDEC services that will enable them to describe a taxonomy of SDEC services that are currently being offered. The survey will document how SDEC has been operationalised including specialties involved, opening hours, staffing, referral processes and patterns, patient numbers and clinical conditions managed.

WP2: This work package will be undertaken to gain a clear description of how rates of admission to hospital change over time and between acute hospitals. The researchers will focus on attendances that are suitable for SDEC services identified following WP1a and b. The researchers will conduct an analysis of national (England) routinely collected linked hospital data applying the definition of ED attendances suitable for SDEC identified in WP1a and b to explore trends in activity and outcomes over time and variation between hospitals and different patient groups (WP2a). The researchers will then perform a cost-consequence analysis (WP2b) which will establish the policy-level effect of SDECs on key outcomes and NHS costs, controlling for important covariates established through WP1 and WP2a. The analysis in WP2 will focus on the time period from the introduction of the Emergency Care Data Set in financial year 2017/18 to the end of financial year 2022/23. The period accounts for the time immediately before the introduction of SDEC services in 2019 and covers the period when SDEC services were being established and then becoming business as usual.

WP3: The aim of this work package will be to gain a deeper understanding of how SDECs work in practice and how they might impact on unplanned admissions. The researchers will undertake detailed case studies of 6-8 SDECs with different service configurations to understand how SDEC services impact hospital admissions and ED performance, and the mechanisms by which SDECs may lead to reduced admissions. The case study work package will be conducted in three parts: 1) analysis of routine data to explore the impact SDEC services have on ED performance and hospital measures (WP3a); 2) analysis of cost implications of SDEC services (WP3b) and 3) qualitative analysis including observation alongside patient and staff interviews to understand how SDECs have been implemented and staff and patient perspectives of the impact of SDEC on care (WP3c).

Intervention Type
Other

Primary outcome(s)
The following quantitative outcomes will be measured longitudinally between the start of financial year 2017/18 to the end of financial year 2022/23 using routinely collected data:
1. Processes/activity measure: The number of unplanned attendances at a Type 1 ED that are suitable for SDEC.
2. Impact measures:
2.1. Number of unplanned attendances at a Type 1 ED that are suitable for SDEC that result in admission to hospital (identified using the discharge destination field or an acute admission record on the same or following day).
2.2. Number of unplanned attendances at a Type 1 ED that are suitable for SDEC that result in discharge.
2.3. Average length of stay in hospital for patients admitted following an unplanned attendance at a Type 1 ED that was suitable for SDEC.
2.4. Average time in ED (from arrival to discharge or admission) for unplanned attendances at a Type 1 ED that are suitable for SDEC.
3. Balance measures:
3.1. Number of re-attendances to ED within 7 days of an unplanned attendance at a Type 1 ED that was suitable for SDEC.
3.2. Number of outpatient follow-up appointments within 90 days of an unplanned attendance at a Type 1 ED that was suitable for SDEC.
4. Safety measures:
4.1. Number of acute hospital admissions within 7 days after discharge from an unplanned attendance at a Type 1 ED that was suitable for SDEC.
4.2. Number of deaths within 7 days after discharge from an unplanned attendance at a Type 1 ED that was suitable for SDEC.

The qualitative outcomes are:
1. Contextual factors impacting how SDEC Services operate and impact on hospital emergency admissions explored using semi-structured interviews of SDEC Services stakeholders (Emergency Department clinical leads, business managers, operations directors, SDEC Services clinical leads and nurse coordinators) at a single time point.
2. Patient (together with carers or family where appropriate) understanding of SDEC Services, perspectives around use of SDEC Services and understanding of different models of SDEC Services using qualitative interviews at a single time point.

Key secondary outcome(s)
There are no secondary outcome measures.

Completion date
30/04/2027

Eligibility

Key inclusion criteria
Interviews in WP3: participants over 18 years old only.

Patient interviews in WP3: patients and their carers or family who have been referred to Same Day Emergency Care.

Stakeholder/staff interviews in WP3: Emergency Department (ED) clinical leads, business managers, operations directors, Same Day Emergency Care clinical leads, nurse coordinators and other roles that are identified as being key to understand how Same Day Emergency Care Services operate and their effect on hospital emergency admissions.

Participant type(s)
Health professional, Patient

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
99 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
Patients or stakeholders/staff under 18 years old

Date of first enrolment
01/12/2025

Date of final enrolment
31/01/2027

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Sheffield Teaching Hospitals NHS Foundation Trust
Northern General Hospital
Herries Road

Sheffield
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S5 7AU

Study participating centre
The James Cook University Hospital
Marton Road
Middlesbrough
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TS4 3BW

Study participating centre
Medway Maritime Hospital
Windmill Road
Gillingham
England
ME7 5NY

Study participating centre
Pilgrim Hospital
Sibsey Road
Boston
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PE21 9QS

Study participating centre
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Mindelsohn Way
Edgbaston
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B15 2WB

Study participating centre
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Marlborough Street
Bristol
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BS2 8HW

Study participating centre
Whipps Cross University Hospital
Whipps Cross Road
Leytonstone
London
England
E11 1NR

Sponsor information

Organisation
University of Sheffield

ROR
https://ror.org/05krs5044

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version 1.1	03/10/2025	21/01/2026	No	No